

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035974

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4976

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE KANSAS COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN PITTSBURG KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS 618 EAST 10th STREET 2622 BENEVIEW	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS DALE BAGBY			4. DATE OF DEATH Month Day Year SEPTEMBER 9 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1906	9. AGE (last birthday) 56	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY RISSE TRUCK LINES		11. BIRTHPLACE (City and state or country) SKIDMORE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME DALE FRANCIS BAGBY		13b. MOTHER'S MAIDEN NAME MYRTLE EFFIE BALDWIN		14. NAME OF HUSBAND OR WIFE ELSIE MAY BAGBY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) NO		16. SOCIAL SECURITY NO. WALTER L. BAGBY, 4204 MICHIGAN AVE		17. INFORMANT KANSAS CITY, MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. MITRAL STENOSIS DUE TO (b) 40 RHEUMATIC HEART DISEASE DUE TO (c) 33 years.		INTERVAL BETWEEN ONSET AND DEATH 2-3 mos ?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson Mo.	STATE Mo.
21. I attended the deceased from September 5, 1963 to September 9, 1963 I saw her alive on September 9, 1963 Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Joseph M. Masucci (Degree or title) Joseph M. Masucci M.D.	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 9-9-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 12, 1963	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 9-11-63	26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1b	Myrtle Effie Baldwin	30 yrs.
13a, b, c	d. Kans. Crawford, Pittsburg, 618 E. 10th. (Mo.) Jackson, Kansas City, Mo.	
13a	Dale Columbus Bagby	
BY AFFIDAVIT OF Funeral Director		

MEDICAL CERTIFICATION

See Joe Maurer
Angyle Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert J. Boyer

Licensed Embalmer No.

4892

P. O. Address

Chelmsford Park, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.